

Owen County Parks and Recreation  
YOUTH Baseball and Softball  
2013 Registration Form

**REGISTRATION DEADLINE: APRIL 5TH, 2013**



**Official Use Only**

Date: \_\_\_\_\_

Facility Member: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

BASEBALL		SOFTBALL	
T-Ball (4-6 Yr.)	\$45.00	8U (Girls 6-8 Yr. Old)	\$45.00
Machine Pitch (6-8 Yr.)	\$50.00	10U (Girls 9-10Yr. Old)	\$50.00
Minor League (8-10 Yr.)	\$50.00	12U (Girls 11-12 Yr. Old)	\$50.00
Major League (11-12 Yr.)	\$50.00	14U (Girls 13-14 Yr. Old)	\$50.00
Babe Ruth (13-15Yr.)	\$50.00		

Please Check the Appropriate Box

Make Checks Payable to: **Owen County Parks and Recreation** \$100 FAMILY MAXIMUM

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BASEBALL: AGE (As of April 30, 2013) \_\_\_\_\_ SOFTBALL : AGE (As of January 1, 2013) \_\_\_\_\_

SHIRT SIZE : YS(6-8) YM(10-12) YL(14-16) AS(30-32) AM(34-36) AL(38-40) AXL(42-44)

**PARENT/GAURDIAN INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

PARENT I want to Volunteer to \_\_\_\_\_ COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONSENT FOR EMERGENCY TREATMENT in the event I cannot be contacted in a medical emergency involving my child, I authorize the Owen County Parks and Recreation to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provder or physician. I understand that the Owen County Parks and Recreation does not provide insurance coverage for the above listed proram participant and that I am responsible for my child's own personal insurance coverage. This care may be given under whatever conditions necessary for the health and well being of my child

I agree that the Owen County Park and Recreation shall not be responsible for any personal injuries or losses sustained by me or my registered child while on any premises, or as a result of any Owen County Park and Recreation sponsored activities. I further agree to indemnify and save harmless the Owen County Park and Recreation from any claims or demands arising out of any such injuries or losses.

Proof of insurance must be provided: Policy # \_\_\_\_\_ Company \_\_\_\_\_

I understand that the fee must accompany the registration form for my child to be placed on a team.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** Baseball Minor and Major Leagues and Softball 10U and 12U Leagues may travel to adjoining counties for some games. This will be determined after forms are collected and numbers are known. **PLEASE RETURN FEES AND FORM TO SCHOOL OFFICE OR MAIL TO ADDRESS BELOW BY DEADLINE:**

Owen County Parks and Recreation, 100 North Thomas Street, Owenton, Ky. 40359